



AUSTIN PEAY STATE UNIVERSITY
REQUEST FOR EXTRA COMPENSATION
FOR
PERMANENT APSU EMPLOYEES

Banner ID Number _____ Name _____

FACULTY

COURSE INFORMATION									POSITION NUMBER - 282500
Term _____	Yr _____								
DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP

OR OTHER WORK PERFORMED (define briefly):

ADMINISTRATIVE/PROFESSIONAL CLERICAL/SUPPORT

COURSE INFORMATION									POSITION NUMBER - 282500
Term _____	Yr _____								
DEPT	COURSE NUMBER	SECTION	CREDIT HOURS	START DATE	END DATE	PAY HOURS	RATE	TOTAL PAY	FOAP

OR
POSITION NUMBER -

START DATE	END DATE	HOURLY RATE*	OR	FLAT RATE	FOAP

Description of Service:

*Semi-monthly employees must be paid an hourly rate due to Federal Wage and Hour Regulations

This request is in compliance with APSU Policy 5:015 and faculty overload is being paid in accordance with APSU Policy 2:046

Submitted by _____ Date _____
 Dept/Area/Other Chair/Coordinator/Other

Signature of Supervisor/Dean _____ Date _____

Signature of Employee _____ Date _____

Signature of VP/Provost _____ Date _____